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## STATEMENT OF ORGANIZATION

SCOTT SCHWAB SECRETARY OF STATE

## FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

(See Reverse Side For Instructions)
This is a (check one) Party Committee Political Action Committee
This is an (check one) Initial Statement Amended Statement
COMMITTEE (PLEASE TYPE OR PRINT)
Name Z Kansas Caucus of County Chairs (Democrats)
Mailing Address (Street, City, State, Zip Code)  830 Frontier Rd, Marys Ville Ks (185) 562-2067  66508  CHAIRDERSON
CHAIRPERSON
Name Jim Swim Home Telephone (785) 362-2067
Mailing Address (Street, City, State, Zip Code)  830 Frontier Rd, Marysville Ks 6508  Business Telephone (785) 562-8390
TREASURER
Name Jolene Rue Bloom (785) 336-3641
Mailing Address (Street, City, State, Zip Code)  HIZN 9th St., Sweca, Kg 66538-1636 (785) -550-6028
AFFILIATED OR CONNECTED ORGANIZATIONS
Name Kansas Democratic Party
Mailing Address (Street, City, State, Zip Code)
If not connected or affiliated with an organization, identify the trade, profession, or primary interest of the contributor
SIGNATURE: "I declare that this statement has been examined by me and to the best of my knowledge and belief is true, correct and complete. I understand that the intentional failure to file this document or intentionally filing a false document is a class A misdemeanor."
Montal (Cignorthus of Chairmannan)